

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551158

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2								52					
3								53					
4								54					
5								55					
6								56					
7			1					57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15			2		2			65					
16					1			66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23			1					73					
24								74					
25								75	2				
26								76	2				
27			2		2			77	2				
28								78	2				
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37			1					87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49	1							99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					